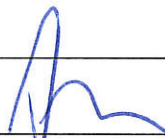


ATTACHMENT 3
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name <u>Lake County Waste Solutions Inc</u>	2. Telephone Number <u>(707) 234-6400</u>	2a. Fax Number <u>(707) 234-6404</u>
2b. Email Address <u>bmccracken@cardswaste.com</u>		
3. Address <u>P.O. Box 60 Ukiah CA 95482</u>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <u>26-0295327</u>	8. California Corporation No.	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	
11. Bidder's Name (Print) <u>Bruce McCracken</u>	12. Title <u>Vice President</u>	
13. Signature 	14. Date <u>4/10/17</u>	
15. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: _____		
If yes, enter your service code below: _____		
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".		
Date application was submitted to OSDS, if an application is pending: _____		

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE (Per Bin Per Pick-Up)	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	104	Each	<u>Clearlake Oaks Maintenance Station</u> One (1) four (4) Cubic Yard (CY) trash bin with cover emptied once per week.	\$ <u>103.24</u> Per bin per pick-up	\$ <u>10,736.96</u>
2	104	Each	<u>Lakeport Maintenance Station</u> One (1) four (4) Cubic Yard (CY) trash bin with cover emptied once per week.	\$ <u>103.24</u> Per bin per pick-up	\$ <u>10,736.96</u>
3	10	Each	Additional Pick-ups as needed from Clearlake Oaks Maintenance Station.	\$ <u>117.85</u>	<u>1,178.50</u>
4	10	Each	Additional Pick-ups as needed from Lakeport Maintenance Station.	\$ <u>117.85</u>	<u>1,178.50</u>
NOTE: LIST THE NAME OF YOUR COMPANY IN THE BOX ENTITLED "CONTRACTOR'S NAME."				TOTAL THIS PROPOSAL	\$ <u>23,830.92</u>

1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION.

4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPEITION FOR CONTRACT AWARD.